

ENVIRONMENTAL QUESTIONNAIRE

ID No.				-				
Form Type	E	Q	0	1				

1. SUBJECT'S INITIALS: _____

**See Form 10 for Date of Interview
and Reference dates**

2. DATE OF INTERVIEW:

_____-_____-_____
Month Day Year

A. REFERENCE DATE:
(COMPLETE PRIOR TO INTERVIEW)

_____-_____-_____
Month Day Year

B. REFERENCE PERIOD:
(COMPLETE PRIOR TO INTERVIEW)

(1) _____-_____-_____
Month Day Year
to
(2) _____-_____-_____
Month Day Year

HOUSEHOLD CHARACTERISTICS

Now I want to ask some questions about the house(s) you have lived in. As we talk about these conditions or exposures, please tell me if you have been exposed to these conditions and if you were exposed for more or less than one year. I will also be asking if any exposure occurred during the reference period. As you think about this, please feel free to use the anchor dates we discussed to help you determine if the exposure was near one of the special dates. We are looking for total exposure, so if you had an exposure for six months in one period and an exposure of eight months in another period, your total exposure would be for more than one year. Respond to seasonal exposures as if they were for a full year even if the exposure was for a few months (e.g., swimming).

USE THE ANCHOR DATES TO ESTABLISH IF THE EXPOSURE HAPPENED IN THE REFERENCE PERIOD. IF PARTICIPANT ANSWERS "NEVER" to EXPOSURE, GO TO THE NEXT ACTIVITY.

	A			B	
	Exposure			More Than One Year	
	Never	Ended Before Reference Period	Current or Ended in the Reference Period	Yes	No
3. Have you ever used a wood or coal stove to heat your home?	(₁)	heat1 (₂)	(₃)	mtoy1 (₁)	(₂)

**IF YES, DETERMINE IF IN REFERENCE PERIOD AND IF MORE THAN ONE YEAR DURATION AND ANSWER ITEM C.
IF NO, GO TO QUESTION 4.**

C. During the heating season, did you use the wood or coal stove:

INTERVIEWER READ LIST

Daily	(₁)	stoveuse
Several times/week	(₂)	
Weekly	(₃)	
Less than weekly	(₄)	
Unknown	(₅)	

4. Have you ever used a wood or coal burning fireplace with an open flame in your home?	(₁)	heat8 (₂)	(₃)	mtoy8 (₁)	(₂)
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**IF YES, DETERMINE IF IN REFERENCE PERIOD AND IF MORE THAN ONE YEAR DURATION AND ANSWER ITEM C
IF NO, GO TO QUESTION 5.**

4. (Continued)

C. During the heating season, did you use the fireplace:

INTERVIEWER READ LIST

Daily (1) **fpuse**
Several times/week (2)
Weekly (3)
Less than weekly (4)
Unknown (5)

I'm going to read you a list of devices. For each device, tell me if you ever used it in your home, whether you used it during the reference period and whether the period of use was more than one year.

	A			B	
	<u>Exposure</u>			<u>More Than One Year</u>	
	Never	Ended Before Reference Period	Current or Ended in the Reference Period	Yes	No
5. Humidifier	(1)	device1 (2)	(3)	mtoy14 (1)	(2)
6. Air cleaner or purifier	(1)	device2 (2)	(3)	mtoy15 (1)	(2)
7. Cool mist vaporizer	(1)	device3 (2)	(3)	mtoy16 (1)	(2)
8. Sauna	(1)	device4 (2)	(3)	mtoy17 (1)	(2)
9. Hot tub	(1)	device5 (2)	(3)	mtoy18 (1)	(2)

Next, I'm going to read you a list of types of cooling equipment. We'll be using the same type of responses we just used for other devices.

10. Central air conditioning	(1)	cooleqp1 (2)	(3)	mtoy19 (1)	(2)
11. Window air conditioners	(1)	cooleqp2 (2)	(3)	mtoy20 (1)	(2)
12. Fans	(1)	cooleqp3 (2)	(3)	mtoy21 (1)	(2)
13. Evaporative (swamp cooler)	(1)	cooleqp4 (2)	(3)	mtoy22 (1)	(2)
14. Other types of cooling equipment	(1)	cooleqp5 (2)	(3)	mtoy23 (1)	(2)

Now I am going to ask you about other conditions in your home.

		A			B	
		Exposure			More Than One Year	
		Never	Ended Before Reference Period	Current or Ended in the Reference Period	Yes	No
15.	Did your bathroom(s) ever have visible mold or mildew on indoor surfaces?	(1)	condhm1 (2)	(3)	mtoy24 (1)	(2)
16.	Did any other room, including the basement, ever have visible mold or mildew?	(1)	condhm2 (2)	(3)	mtoy25 (1)	(2)
17.	Did your home or basement ever have a problem with leaks or water damage?	(1)	condhm3 (2)	(3)	mtoy26 (1)	(2)
IF NEVER, GO TO QUESTION 19 OTHERWISE ANSWER QUESTION 18.						
18.	Were the carpets wet in the area where there were leaks or water damage?	(1)	condhm4 (2)	(3)	mtoy27 (1)	(2)
19.	Did you ever vent your clothes dryer exhaust into the house or basement?	(1)	condhm5 (2)	(3)	mtoy28 (1)	(2)
20.	Did you ever see rats or mice or rat or mouse droppings where you lived?	(1)	condhm6 (2)	(3)	mtoy29 (1)	(2)
21.	Have you ever had a problem with large numbers of insects in your home?	(1)	condhm7 (2)	(3)	mtoy30 (1)	(2)

I'm going to read a list of animals. Please tell me if you, or anyone living in your house, ever had any of these animals that stayed inside your home. I will also ask if you had these animals during the reference period and if you had them for more than one year.

		A			B	
		Exposure			More Than One Year	
		Never	Ended Before Reference Period	Current or Ended in the Reference Period	Yes	No
22.	Dogs	(1)	animal1 (2)	(3)	mtoy31 (1)	(2)
23.	Cats	(1)	animal2 (2)	(3)	mtoy32 (1)	(2)
24.	Rabbits	(1)	animal3 (2)	(3)	mtoy33 (1)	(2)
25.	Gerbils, hamsters, or guinea pigs	(1)	animal4 (2)	(3)	mtoy34 (1)	(2)
26.	Other mammals	(1)	animal5 (2)	(3)	mtoy35 (1)	(2)
Specify: _____						
27.	Pigeons	(1)	animal6 (2)	(3)	mtoy36 (1)	(2)
28.	Parakeets	(1)	animal7 (2)	(3)	mtoy37 (1)	(2)
29.	Other birds	(1)	animal8 (2)	(3)	mtoy38 (1)	(2)
Specify: _____						
30.	Fish in a large fish tank (more than 10 gallons)	(1)	animal9 (2)	(3)	mtoy39 (1)	(2)
31.	Fish in a small fish tank (less than 10 gallons)	(1)	animal10 (2)	(3)	mtoy40 (1)	(2)
32.	Turtles	(1)	animal11 (2)	(3)	mtoy41 (1)	(2)
33.	Lizards or snakes	(1)	animal12 (2)	(3)	mtoy42 (1)	(2)
34.	Frogs or salamanders	(1)	animal13 (2)	(3)	mtoy43 (1)	(2)

I'm going to read a list of birds. Please tell me if you, or anyone living in your house, ever raised or bred the following birds, whether you or they raised these birds during the reference period and if you or they raised them for more than one year.

		A			B	
		Exposure			More Than One Year	
		Never	Ended Before Reference Period	Current or Ended in the Reference Period	Yes	No
35.	Chickens	(₁)	animal14 (₂)	(₃)	mtoy44 (₁)	(₂)
36.	Turkeys	(₁)	animal15 (₂)	(₃)	mtoy45 (₁)	(₂)
37.	Pigeons	(₁)	animal16 (₂)	(₃)	mtoy46 (₁)	(₂)
38.	Have you ever raised any <u>other</u> animals?				Yes (₁)	No (₂) animrais

IF YES, ASK THE PARTICIPANT WHAT TYPE OF ANIMAL, WHETHER THEY RAISED THE ANIMAL DURING THE REFERENCE PERIOD AND IF THEY RAISED THEM FOR MORE THAN ONE YEAR.
IF NO, GO TO QUESTION 39.

(A)	(B)	(C)
Animal	More Than One Year	During Reference Period
	Yes No	Yes No
(1) animtyp1	mtoy48 (₁) (₂)	drp1 (₁) (₂)
(2) animtyp2	mtoy49 (₁) (₂)	drp2 (₁) (₂)
(3) animtyp3	mtoy50 (₁) (₂)	drp3 (₁) (₂)
(4) animtyp4	mtoy51 (₁) (₂)	drp4 (₁) (₂)

I am going to read you a list of pillow stuffings. For each one, please tell me if you ever used pillows with that stuffing and if you did, whether you used it during the reference period, whether you used it for more than one year, and if this stuffing seemed to cause wheezing, coughing or breathing problems.

IF NEVER OR DON'T KNOW, GO TO NEXT QUESTION.

	A				B		C	
	Exposure				More Than One Year		Breathing Problems	
	Never	Ended Before Reference Period	Current or Ended in the Reference Period	Don't Know	Yes	No	Yes	No
39. Feathers or down	(1)	(2)pillow1	(3)	(4)	(1)	(2)mtoy52	(1)	(2)breprb1
40. Straw	(1)	(2)pillow2	(3)	(4)	(1)	(2)mtoy53	(1)	(2)breprb2
41. Corn husks	(1)	(2)pillow3	(3)	(4)	(1)	(2)mtoy54	(1)	(2)breprb3
42. Foam	(1)	(2)pillow4	(3)	(4)	(1)	(2)mtoy55	(1)	(2)breprb4

43. As part of your normal routine, do you usually take a bath or a shower?

ANSWER BOTH IF PARTICIPANT SAYS SOMETIMES HE/SHE DOES ONE AND SOMETIMES THE OTHER OR IF HE/SHE SAYS "SHOWER IN MORNING AND BATH AT NIGHT" ETC.

Bath	(1) bathshwr
Shower	(2)
Both	(3)
Neither	(4)

A. How often do you take a bath or shower?

Daily	(1) howoft
Several times per week	(2)
Weekly	(3)
Less than weekly	(4)

SPECIFIC EXPOSURES CHART

Now I would like to ask some questions that deal with specific materials or substances that have been in the air (as dust, fumes or vapor) in your JOBS or in your HOBBIES, at work or at home. Wearing these metals in jewelry does not count as an exposure.

ASK ITEM A FOR EACH MATERIAL LISTED IN THE SPECIFIC EXPOSURES CHART.

A. Have you ever been exposed to [material/substance] as dust or fumes? **IF NEVER OR DON'T KNOW, ASK EXPOSURE (ITEM A) ABOUT NEXT MATERIAL.**

B. Were you exposed to [material/substance] for more than one year?

C. Was your exposure on the job or away from the job? **OBTAIN SUFFICIENT INFORMATION TO ESTABLISH IF EXPOSURE OCCURRED ON THE JOB (OCCUPATIONAL) OR IN SOME OTHER NON-OCCUPATIONAL SETTING (NON-OCC). EXPOSURE OCCURRING BECAUSE OF LIVING NEAR A FACTORY OR OTHER SOURCE IS NON-OCCUPATIONAL. IF AFTER TALKING TO THE RESPONDENT, YOU CANNOT MAKE A DECISION ABOUT THE TYPE OF EXPOSURE, CHECK "UNSURE."**

MATERIAL	A EXPOSURE?	B MORE THAN ONE YEAR?	C MANNER OF EXPOSURE? (describe) (code)
44. Aluminum	Never expos1 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y1	moe1 Occup (1) Non-occup (2) Both (3) Unsure (4)
45. Beryllium	Never expos2 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y2	moe2 Occup (1) Non-occup (2) Both (3) Unsure (4)
46. Chromium	Never expos3 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y3	moe3 Occup (1) Non-occup (2) Both (3) Unsure (4)
47. Cobalt	Never expos4 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y4	moe4 Occup (1) Non-occup (2) Both (3) Unsure (4)
48. Gold	Never expos5 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y5	moe5 Occup (1) Non-occup (2) Both (3) Unsure (4)
49. Nickel	Never expos6 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y6	moe6 Occup (1) Non-occup (2) Both (3) Unsure (4)

SPECIFIC EXPOSURES CHART

ASK ITEM A FOR EACH MATERIAL LISTED IN THE SPECIFIC EXPOSURES CHART.

A. Have you ever been exposed to [material/substance] as dust or fumes? **IF NEVER OR DON'T KNOW, ASK EXPOSURE (ITEM A) ABOUT NEXT MATERIAL.**

B. Were you exposed to [material/substance] for more than one year?

C. Was your exposure on the job or away from the job? **OBTAIN SUFFICIENT INFORMATION TO ESTABLISH IF EXPOSURE OCCURRED ON THE JOB (OCCUPATIONAL) OR IN SOME OTHER NON-OCCUPATIONAL SETTING (NON-OCC). EXPOSURE OCCURRING BECAUSE OF LIVING NEAR A FACTORY OR OTHER SOURCE IS NON-OCCUPATIONAL. IF AFTER TALKING TO THE RESPONDENT, YOU CANNOT MAKE A DECISION ABOUT THE TYPE OF EXPOSURE, CHECK "UNSURE."**

MATERIAL	A EXPOSURE?	B MORE THAN ONE YEAR?	C MANNER OF EXPOSURE? (describe) (code)
50. Platinum	Never expos7 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y7	moe7 Occup (1) Non-occup (2) Both (3) Unsure (4)
51. Titanium	Never expos8 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y8	moe8 Occup (1) Non-occup (2) Both (3) Unsure (4)
52. Zirconium	Never expos9 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y9	moe9 Occup (1) Non-occup (2) Both (3) Unsure (4)
53. Other metals, specify: (1) _____ (2) _____	Never expos10 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y10	moe10 Occup (1) Non-occup (2) Both (3) Unsure (4)
54. Talc	Never expos11 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y11	moe11 Occup (1) Non-occup (2) Both (3) Unsure (4)
55. Silica	Never expos12 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y12	moe12 Occup (1) Non-occup (2) Both (3) Unsure (4)

SPECIFIC EXPOSURES CHART

MATERIAL	A EXPOSURE?	B MORE THAN ONE YEAR?	C MANNER OF EXPOSURE? (describe) (code)
56. Insecticides or Pesticides	Never expos13 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y13	moe13 Occup (1) Non-occup (2) Both (3) Unsure (4)
57. Vegetable dust, e.g., cotton, jute, other specify: (1) _____ _____ (2) _____ _____	Never expos14 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y14	moe14 Occup (1) Non-occup (2) Both (3) Unsure (4)
58. Animal dust, e.g., dander, bird droppings, wool, other specify: (1) _____ _____ (2) _____ _____	Never expos15 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y15	moe15 Occup (1) Non-occup (2) Both (3) Unsure (4)
59. Hairspray	Never expos16 (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	Yes No (1) (2) mt1y16	moe16 Occup (1) Non-occup (2) Both (3) Unsure (4)

ASK ITEM A FOR EACH MATERIAL LISTED IN THE SPECIFIC EXPOSURES CHART.

A. Have you ever been exposed to [material/substance] as dust or fumes? IF NEVER OR DON'T KNOW, ASK EXPOSURE (ITEM A) ABOUT NEXT MATERIAL.

B. Were you exposed to [material/substance] for more than one year?

C. Was your exposure on the job or away from the job? OBTAIN SUFFICIENT INFORMATION TO ESTABLISH IF EXPOSURE OCCURRED ON THE JOB (OCCUPATIONAL) OR IN SOME OTHER NON-OCCUPATIONAL SETTING (NON-OCC). EXPOSURE OCCURRING BECAUSE OF LIVING NEAR A FACTORY OR OTHER SOURCE IS NON-OCCUPATIONAL. IF AFTER TALKING TO THE RESPONDENT, YOU CANNOT MAKE A DECISION ABOUT THE TYPE OF EXPOSURE, CHECK "UNSURE."

SMOKING AND NICOTINE USE

60. Have you ever smoked cigarettes?

(₁)

(₂)

cighist1

Yes

No

**IF RESPONDENT SAYS HE/SHE EXPERIMENTED
WITH THEM BRIEFLY OR SMOKED LESS THAN
ONE PER WEEK, ANSWER "NO."**

IF YES, ANSWER ITEMS A THROUGH D.

IF NO, SKIP TO QUESTION 61.

A. How many cigarettes did(do) you smoke
per day during the time you smoked?

cig_nbr1

____ • ____

B. Did you inhale:

INTERVIEWER READ LIST

Not at all

Slightly

Moderately

Deeply

(₁)

inhale1

(₂)

(₃)

(₄)

C. How old were you when you started smoking cigarettes?

cig_yrs1

____ age in years

D. Do you now smoke cigarettes?

(₁)

(₂)

smoknow1

Yes

No

IF YES, GO TO QUESTION 61.

IF NO, ANSWER ITEM (1).

(1) How old were you when you stopped?

agestop1

____ age in years

61. Have you ever smoked cigarillos?

(₁)

(₂)

cighist2

Yes

No

**IF RESPONDENT SAYS HE/SHE EXPERIMENTED
WITH THEM BRIEFLY OR SMOKED LESS THAN
ONE PER WEEK, ANSWER "NO."**

IF YES, ANSWER ITEMS A THROUGH D.

IF NO, GO TO QUESTION 62.

A. How many cigarillos did(do) you smoke
per day during the time you smoked?

cig_nbr2

____ • ____

B. Did you inhale:

INTERVIEWER READ LIST

Not at all

Slightly

Moderately

Deeply

(₁)

inhale2

(₂)

(₃)

(₄)

C. How old were you when you started smoking cigarillos?

cig_yrs2

____ age in years

61. (Continued)

D. Do you now smoke cigarillos?

(₁) (₂) **smoknow2**
Yes No

IF YES, GO TO QUESTION 62.
IF NO, ANSWER ITEM (1).

(1) How old were you when you stopped?

_____ **agestop2**
age in years

62. Have you ever smoked cigars?

(₁) (₂) **cighist3**
Yes No

**IF RESPONDENT SAYS HE/SHE EXPERIMENTED
WITH THEM BRIEFLY OR SMOKED LESS THAN
ONE PER WEEK, ANSWER "NO."**

IF YES, ANSWER ITEMS A THROUGH D.
IF NO, SKIP TO QUESTION 63.

A. How many cigars did(do) you smoke
per day during the time you smoked?

_____ • _____ **cig_nbr3**

B. Did you inhale:

INTERVIEWER READ LIST

Not at all
Slightly
Moderately
Deeply

(₁) **inhale3**
(₂)
(₃)
(₄)

C. How old were you when you started smoking cigars?

_____ **cig_yrs3**
age in years

D. Do you now smoke cigars?

(₁) (₂) **smoknow3**
Yes No

IF YES, GO TO QUESTION 63.
IF NO, ANSWER ITEM (1).

(1) How old were you when you stopped?

_____ **agestop3**

63. Have you ever smoked a pipe?

(₁) (₂) **piphist**
Yes No

**IF RESPONDENT SAYS HE/SHE EXPERIMENTED
WITH THEM BRIEFLY OR SMOKED LESS THAN
ONE PER WEEK, ANSWER "NO."**

IF YES, ANSWER ITEMS A THROUGH D.
IF NO, SKIP TO QUESTION 64.

A. How many times per day did(do) you smoke
a pipe during the time you smoked?

_____ • _____ **pip_nbr**

63. (Continued)

B. Did you inhale:

INTERVIEWER READ LIST

Not at all
Slightly
Moderately
Deeply

(₁) inhale4
(₂)
(₃)
(₄)

C. How old were you when you started smoking a pipe?

____ age in years pipe_yrs

D. Do you now smoke a pipe?

(₁) Yes pipe_now
(₂) No

IF YES, GO TO QUESTION 64.

IF NO, ANSWER ITEM (1).

(1) How old were you when you stopped?

____ age in years agestop4

64. Are there now smokers [not including yourself]
in your household?

(₁) Yes smoker1
(₂) No

IF YES, ANSWER ITEMS A AND B.

IF NO, GO TO QUESTION 65.

A. Do they include:

Yes No

(1) Your spouse?

(₁) (₂) smoker2

(2) One or more of your children?

(₁) (₂) smoker3

(3) Others?

(₁) (₂) smoker4

B. Total number of smokers who live
with you now, NOT INCLUDING YOURSELF:

____ smokers tot_nbn

65. Are there now smokers near you
where you work?

Yes No Not
Applicable
(₁) (₂) (₃) smok_nr

IF YES, ANSWER ITEM A.

IF NO, GO TO QUESTION 66.

A. Do they smoke in an area where you might
inhale their smoke?

Yes No
(₁) (₂) smoker5

66. Do you spend more than 3 hours a week in rooms
with smoke from other smokers?

(₁) (₂) smoker6

67. INTERVIEWER:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

68. RESEARCH COORDINATOR:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

69. DATE FORM COMPLETED:

_____ - _____ - _____
Month Day Year

FORM 13[†]
Environmental Questionnaire

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I (1)	Form revision
	NEWID	F (5.1)	Patient ID
3a *	HEAT1	I (1)	Ever used wood/coal stove 1=Ever 2=Never
3b	MTOY1	I (1)	Wood/coal stove >1 yr 1=Yes 2=No
3c	STOVEUSE	I (1)	Wood/coal stove frequency 1=Daily 2=Several times/week 3=Weekly or Less
4a *	HEAT8	I (1)	Ever used wood/coal fireplace 1=Ever 2=Never
4b	MTOY8	I (1)	Wood/coal fireplace >1 yr 1=Yes 2=No
4c	FPUSE	I (1)	Wood/coal fireplace frequency 1=Daily 2=Several times/week 3=Weekly 4=Less than weekly 5=Unknown
5a	DEVICE1	I (1)	Ever used humidifier 1=Ever 2=Never
5b	MTOY14	I (1)	Humidifier > 1 yr 1=Yes 2=No
6a	DEVICE2	I (1)	Ever used air cleaner/purifier 1=Ever 2=Never
6b	MTOY15	I (1)	Air cleaner/purifier > 1 yr 1=Yes 2=No
7a	DEVICE3	I (1)	Ever used cool mist vaporizer 1=Ever 2=Never
7b	MTOY16	I (1)	Cool mist vaporizer > 1 yr 1=Yes 2=No
8a	DEVICE4	I (1)	Ever used sauna 1=Ever 2=Never

[†] See Form 10 for Date of Interview and Reference Dates

* Refer to the form for skip pattern for this item.

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
8b	MTOY17	I (1)	Sauna > 1 yr 1=Yes 2=No
9a	DEVICE5	I (1)	Ever used hot tub 1=Ever 2=Never
9b	MTOY18	I (1)	Hot tub > 1 yr 1=Yes 2=No
10a	COOLEQP1	I (1)	Ever used central ac 1=Ever 2=Never
10b	MTOY19	I (1)	Central ac > 1 yr 1=Yes 2=No
11a	COOLEQP2	I (1)	Ever used window ac 1=Ever 2=Never
11b	MTOY20	I (1)	Window ac > 1 yr 1=Yes 2=No
12a	COOLEQP3	I (1)	Ever used fans 1=Ever 2=Never
12b	MTOY21	I (1)	Fans > 1 yr 1=Yes 2=No
13a	COOLEQP4	I (1)	Ever used evaporative 1=Ever 2=Never
13b	MTOY22	I (1)	Evaporative > 1 yr 1=Yes 2=No
14a	COOLEQP5	I (1)	Ever used other types 1=Ever 2=Never
14b	MTOY23	I (1)	Other types > 1 yr 1=Yes 2=No
15a	CONDHM1	I (1)	Visible mold/mildew in bathroom 1=Ever 2=Never
15b	MTOY24	I (1)	Mold/mildew in bathroom > 1 yr 1=Yes 2=No
16a	CONDHM2	I (1)	Visible mold/mildew other rooms 1=Ever 2=Never
16b	MTOY25	I (1)	Mold/mildew other rooms > 1 yr 1=Yes 2=No

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
17a *	CONDHM3	I (1)	Leaks/water damage in home 1=Ever 2=Never
17b	MTOY26	I (1)	Leaks/water damage > 1 yr 1=Yes 2=No
18a	CONDHM4	I (1)	Carpets in wet areas 1=Ever 2=Never
18b	MTOY27	I (1)	Carpets in wet areas > 1 yr 1=Yes 2=No
19a	CONDHM5	I (1)	Clothes dryer vent in house 1=Ever 2=Never
19b	MTOY28	I (1)	Dryer vent in house > 1 yr 1=Yes 2=No
20a	CONDHM6	I (1)	Mice/rats/droppings in house 1=Ever 2=Never
20b	MTOY29	I (1)	Mice/rats/droppings > 1 yr 1=Yes 2=No
21a	CONDHM7	I (1)	Many insects in home 1=Ever 2=Never
21b	MTOY30	I (1)	Many insects in home > 1 yr 1=Yes 2=No
22a	ANIMAL1	I (1)	Dogs 1=Ever 2=Never
22b	MTOY31	I (1)	Dogs > 1 yr 1=Yes 2=No
23a	ANIMAL2	I (1)	Cats 1=Ever 2=Never
23b	MTOY32	I (1)	Cats > 1 yr 1=Yes 2=No
24a	ANIMAL3	I (1)	Rabbits 1=Ever 2=Never
24b	MTOY33	I (1)	Rabbits > 1 yr 1=Yes 2=No
25a	ANIMAL4	I (1)	Gerbils/hamsters/guinea pigs 1=Ever 2=Never

* Refer to the form for skip pattern for this item.

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
25b	MTOY34	I (1)	Gerbils/hamsters/gp > 1 yr 1=Yes 2=No
26a	ANIMAL5	I (1)	Other mammals 1=Ever 2=Never
26b	MTOY35	I (1)	Other mammals > 1 yr X=Censored
27a	ANIMAL6	I (1)	Pigeons X=Censored
27b	MTOY36	I (1)	Pigeons > 1 yr X=Censored
28a	ANIMAL7	I (1)	Parakeets 1=Ever 2=Never
28b	MTOY37	I (1)	Parakeets > 1 yr 1=Yes 2=No
29a	ANIMAL8	I (1)	Other birds 1=Ever 2=Never
29b	MTOY38	I (1)	Other birds > 1 yr 1=Yes 2=No
30a	ANIMAL9	I (1)	Fish (tank > 10 gal) 1=Ever 2=Never
30b	MTOY39	I (1)	Fish (tank > 10 gal) > 1 yr 1=Yes 2=No
31a	ANIMAL10	I (1)	Fish (tank < 10 gal) 1=Ever 2=Never
31b	MTOY40	I (1)	Fish (tank < 10 gal) > 1 yr 1=Yes 2=No
32a	ANIMAL11	I (1)	Turtles 1=Ever 2=Never
32b	MTOY41	I (1)	Turtles > 1 yr 1=Yes 2=No
33a	ANIMAL12	I (1)	Lizards/snakes 1=Ever 2=Never
33b	MTOY42	I (1)	Lizards/snakes > 1 yr 1=Yes 2=No
34a	ANIMAL13	I (1)	Frogs/salamanders 1=Ever 2=Never

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
34b	MTOY43	I (1)	Frogs/salamanders > 1 yr 1=Yes 2=No
35a	ANIMAL14	I (1)	Chickens 1=Ever 2=Never
35b	MTOY44	I (1)	Chickens > 1 yr 1=Yes 2=No
36a	ANIMAL15	I (1)	Turkeys 1=Ever 2=Never
36b	MTOY45	I (1)	Turkeys > 1 yr 1=Yes 2=No
37a	ANIMAL16	I (1)	Pigeons X=Censored
37b	MTOY46	I (1)	Pigeons > 1 yr X=Censored
38 *	ANIMRAIS	I (1)	Raised any other animals 1=Yes 2=No
38a1	ANIMTYP1	I (1)	Other animal 1 X=Censored
38b1	MTOY48	I (1)	Other animal 1 > 1 yr X=Censored
38c1	DRP1	I (1)	Animal 1 during ref period X=Censored
38a2	ANIMTYP2	I (1)	Other animal 2 X=Censored
38b2	MTOY49	I (1)	Other animal 2 > 1 yr X=Censored
38c2	DRP2	I (1)	Animal 2 during ref period X=Censored
38a3	ANIMTYP3	I (1)	Other animal 3 X=Censored
38b3	MTOY50	I (1)	Other animal 3 > 1 yr X=Censored
38c3	DRP3	I (1)	Animal 3 during ref period X=Censored

* Refer to the form for skip pattern for this item.

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
38a4	ANIMTYP4	I (1)	Other animal 4 X=Censored
38b4	MTOY51	I (1)	Other animal 4 > 1 yr X=Censored
38c4	DRP4	I (1)	Animal 4 during ref period X=Censored
39a	PILLOW1	I (1)	Feathers/down 1=Ever 2=Never
39b	MTOY52	I (1)	Feathers/down > 1 yr 1=Yes 2=No
39c	BREPRB1	I (1)	Feathers/down breathing prob 1=Yes 2=No
40a	PILLOW2	I (1)	Straw 1=Ever 2=Never
40b	MTOY53	I (1)	Straw > 1 yr 1=Yes 2=No
40c	BREPRB2	I (1)	Straw breathing prob 1=Yes 2=No
41a	PILLOW3	I (1)	Corn husks X=Censored
41b	MTOY54	I (1)	Corn husks > 1 yr X=Censored
41c	BREPRB3	I (1)	Corn husks breathing prob X=Censored
42a	PILLOW4	I (1)	Foam 1=Ever 2=Never
42b	MTOY55	I (1)	Foam > 1 yr 1=Yes 2=No
42c	BREPRB4	I (1)	Foam breathing prob 1=Yes 2=No
43	BATHSHWR	I (1)	Bath/shower 1=Bath 2=Shower 3=Both or Neither
43a	HOWOFT	I (1)	How often bath/shower 1=Daily 2=Less than Daily

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
44a	EXPOS1	I (1)	Aluminum exposure 1=Ever 2=Never
44b	MT1Y1	I (1)	Aluminum exp > 1 yr 1=Yes 2=No
44c	MOE1	I (1)	Manner of aluminum exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
45a	EXPOS2	I (1)	Beryllium exposure 1=Ever 2=Never
45b	MT1Y2	I (1)	Beryllium exp > 1 yr 1=Yes 2=No
45c	MOE2	I (1)	Manner of beryllium exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
46a	EXPOS3	I (1)	Chromium exposure 1=Ever 2=Never
46b	MT1Y3	I (1)	Chromium exp > 1 yr 1=Yes 2=No
46c	MOE3	I (1)	Manner of chromium exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
47a	EXPOS4	I (1)	Cobalt exposure 1=Ever 2=Never
47b	MT1Y4	I (1)	Cobalt exp > 1 yr 1=Yes 2=No
47c	MOE4	I (1)	Manner of Cobalt exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
48a	EXPOS5	I (1)	Gold exposure 1=Ever 2=Never
48b	MT1Y5	I (1)	Gold exp > 1 yr 1=Yes 2=No
48c	MOE5	I (1)	Manner of gold exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
49a	EXPOS6	I (1)	Nickel exposure 1=Ever 2=Never
49b	MT1Y6	I (1)	Nickel exp > 1 yr 1=Yes 2=No

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
49c	MOE6	I (1)	Manner of Nickel exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
50a	EXPOS7	I (1)	Platinum exposure 1=Ever 2=Never
50b	MT1Y7	I (1)	Platinum exp > 1 yr 1=Yes 2=No
50c	MOE7	I (1)	Manner of platinum exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
51a	EXPOS8	I (1)	Titanium exposure 1=Ever 2=Never
51b	MT1Y8	I (1)	Titanium exp > 1 yr X=Censored
51c	MOE8	I (1)	Manner of titanium exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
52a	EXPOS9	I (1)	Zirconium exposure X=Censored
52b	MT1Y9	I (1)	Zirconium exp > 1 yr X=Censored
52c	MOE9	I (1)	Manner of zirconium exposure X=Censored
53a	EXPOS10	I (1)	Other metal exposure 1=Ever 2=Never
53b	MT1Y10	I (1)	Other metal exp > 1 yr 1=Yes 2=No
53c	MOE10	I (1)	Manner of other metal exp 1=Occup 2=Non-occup 3=Both 4=Unsure
54a	EXPOS11	I (1)	Talc exposure 1=Ever 2=Never
54b	MT1Y11	I (1)	Talc exp > 1 yr 1=Yes 2=No
54c	MOE11	I (1)	Manner of talc exposure 1=Occup 2=Non-occup 3=Both
55a	EXPOS12	I (1)	Silica exposure 1=Ever 2=Never

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
55b	MT1Y12	I (1)	Silica exp > 1 yr 1=Yes 2=No
55c	MOE12	I (1)	Manner of silica exp 1=Occup 2=Non-occup 3=Both 4=Unsure
56a	EXPOS13	I (1)	Insecticide exposure 1=Ever 2=Never
56b	MT1Y13	I (1)	Insecticide exp > 1 yr 1=Yes 2=No
56c	MOE13	I (1)	Manner of insecticide exp 1=Occup 2=Non-occup 3=Both
57a	EXPOS14	I (1)	Vegetable dust exposure 1=Ever 2=Never
57b	MT1Y14	I (1)	Vegetable dust > 1 yr 1=Yes 2=No
57c	MOE14	I (1)	Manner of vegetable dust exp 1=Occup 2=Non-occup 3=Both 4=Unsure
58a	EXPOS15	I (1)	Animal dust exposure 1=Ever 2=Never
58b	MT1Y15	I (1)	Animal dust > 1 yr 1=Yes 2=No
58c	MOE15	I (1)	Manner of animal dust exp 1=Occup 2=Non-occup 3=Both
59a	EXPOS16	I (1)	Hairspray exposure 1=Ever 2=Never
59b	MT1Y16	I (1)	Hairspray > 1 yr 1=Yes 2=No
59c	MOE16	I (1)	Manner of hairspray exp 1=Occup 2=Non-occup 3=Both 4=Unsure
60 *	CIGHIST1	I (1)	Ever smoked cigarettes 1=Yes 2=No
60a	CIG_NBR1	I (1)	Cigarettes per day 1=<10 2=10-19 3=20-29 4=30 or more

* Refer to the form for skip pattern for this item.

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
60b	INHALE1	I (1)	Inhaled cigarettes 1=Not at all or Slightly 3=Moderately 4=Deeply
60c	CIG_YRS1	I (3)	Age when started cigarettes Deleted - See Item 60d1
60d	SMOKNOW1	I (1)	Smoke cigarettes now 1=Yes 2=No
60d1	AGESTOP1	I (3)	Age when stopped cigarettes Deleted - Replaced by CIGYRS
	CIGYRS	I (3)	Number of years smoked cigarettes 1=<5 2=5-9 3=10-19 4=>=20
61 *	CIGHIST2	I (1)	Ever smoked cigarillos X=Censored
61a	CIG_NBR2	F (6.1)	Cigarillos per day X=Censored
61b	INHALE2	I (1)	Inhaled cigarillos X=Censored
61c	CIG_YRS2	I (3)	Age when started cigarillos X=Censored
61d	SMOKNOW2	I (1)	Smoke cigarillos now X=Censored
61d1	AGESTOP2	I (3)	Age when stopped cigarillos X=Censored
62 *	CIGHIST3	I (1)	Ever smoked cigars 1=Yes 2=No
62a	CIG_NBR3	F (6.1)	Cigars per day X=Censored
62b	INHALE3	I (1)	Inhaled cigars X=Censored
62c	CIG_YRS3	I (3)	Age when started cigars X=Censored
62d	SMOKNOW3	I (1)	Smoke cigars now X=Censored

* Refer to the form for skip pattern for this item.

FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
62d1	AGESTOP3	I (3)	Age when stopped cigars X=Censored
63 *	PIPHIST	I (1)	Ever smoke a pipe 1=Yes 2=No
63a	PIP_NBR	F (6.1)	Pipes per day X=Censored
63b	INHALE4	I (1)	Inhaled pipes X=Censored
63c	PIPE_YRS	I (3)	Age when started pipes X=Censored
63d	PIPE_NOW	I (1)	Smoke pipes now X=Censored
63d1	AGESTOP4	I (3)	Age when stopped pipes X=Censored
64 *	SMOKER1	I (1)	Other smokers in house 1=Yes 2=No
64a1	SMOKER2	I (1)	Spouse is a smoker 1=Yes 2=No
64a2	SMOKER3	I (1)	Child(ren) is/are smokers 1=Yes 2=No
64a3	SMOKER4	I (1)	Other smoker 1=Yes 2=No
64b	TOT_NBN	I (3)	Total number of other smokers
65 *	SMOK_NR	I (1)	Smokers near at work 1=Yes 2=No 3=Not Applicable
65a	SMOKER5	I (1)	Inhale workers smoke 1=Yes 2=No
66	SMOKER6	I (1)	> 3 hrs/week in smokey rooms 1=Yes 2=No

* Refer to the form for skip pattern for this item.